

Alternatives to Abortion Invoice

Contract #	<u>CS170042005</u>	Vendor Name:	<u>Laclede County Pregnancy Support Center</u>
Vendor Number:	<u>43169397000/MB00097817</u>	Vendor Address:	<u>P.O. Box 373</u>
			<u>Lebanon, MO 65536</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____
Invoice Date: _____
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 89,272.92	\$ -	\$ 17,854.58
Quarterly expenditure adjustment:		\$ -
Total Due:		\$ 17,854.58
Allocation Remaining		\$ 71,418.34

Signature: _____

